(d) if so, whether anybody has been prosecuted?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI N.T. SHANMUGAM): (a) No such data is maintained at the Central level.

(b) Steps taken to check recurrence of mishaps in eye camps include the following:

1. Guidelines for organising eye camps have been issued for compliance.
2. The organisers have to seek permission from Chief Medical Officer before conducting eye camps.
3. Standard list of drugs and other material used for eye camps has been advocated.
4. Generators, sterilisers and fumigation machines have been procured centrally and distributed to District Blindess Control Societies.

(c) and (d) The action is taken by concerned State Government/ UT Administration.

ICMR study on tobacco

221. SHRI SANTOSH BAGRODIA:Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Indian Council of Medical Research has made any study on economics of tobacco in India;

(b) if so, the salient features thereof; and

(c) whether it is a fact that health costs of tobacco are much more than the gains from its cultivation?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI N.T. SHANMUGAM): (a) and (b) The Indian Council of Medical Research carried out a task force project on cost of management of tobacco related diseases. The diseases considered under the project were tobacco related cancers, coronary heart disease and chronic obstructive lung diseases. The

study assessed the direct as well as indirect cost of these three tobacco related diseases. The average cost to a patient of tobacco related cancer was Rs. 1,34,449 discounted at 1990 level. The average cost of a case of Coronary heart disease was Rs. 14,909, at 1992 level. The average cost of managing a case of chronic obstructive lung disease was 11,952 at 1992 level.

(c) No information is available on the the health costs of tobacco at national level for comparing it with the cost of cultivation.

Male-Female ratio in the country

†222. SHRI JANESHWAR MISRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the number of females in the country is around 913 per thousand males whereas in some States like Haryana/ Punjab, it is less than 900;

(b) if so, the State-wise details thereof;

(c) the reasons therefor; and

(d) what steps are being taken by Government to change the situation?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI N.T. SHANMUGAM): (a) and (b) As per 1991 census, the number of females in the country is 927 per thousand males. The State-wise details are enclosed in statement (*See* below)

(c) The lower sex ratio for females may be due to several reasons, which include mortality differentials, higher preference for the male child and sex-selective abortions based on determination of sex of unborn foetuses.

(d) (i) A Reproductive and Child Health Programme started in October, 1997 is being implemented throughout the country. Under this programme the interventions which include immunisation

†Original notice of the Question was received in Hindi.